CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION · A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTEREST

COVER PAGE

Date Received Official Use Only

Please type or print in ink.

N/	BARKETT	TERESA ESPONICIONES ILEEN
1.	Office, Agency, or Court	Coccio de la company de la com
	Agency Name PETALUMA CITY COUNCIL	
	Division, Board, Department, District, if applicable	Your Position
	CITY OF PETALUMA	CITYCOUNCIL MEMBER
	▶ If filing for multiple positions, list below or on an attachment.	
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge (Statewide Jurisdiction)
	Multi-County	County of
	City of PETALUMA	☐ Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2010, through December 31, 2010.	Leaving Office: Date Left//(Check one)
	The period covered is/, through December 31, 2010.	O The period covered is January 1, 2010, through the date of leaving office.
	Assuming Office: Date	O The period covered is/, through the date of leaving office.
	Candidate: Election Year Office sought, if different	ent than Part 1:
4.	Schedule Summary	. 2
	Check applicable schedules or "None." ▶ Tot	tal number of pages including this cover page:
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any schedule		on any schedule
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L	herein and in any attached schedules is true and complete. I acknowledge this	s is a
	I certify under penalty of perjury under the laws of the State of California	
	Date Signed March 5, 2011 Sign	atur

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name Teresa Barrett		

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Whole Foods				
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
Grocery Retail				
FAIR MARKET VALUE	FAIR MARKET VALUE			
∑ \$2,000 - \$10,000	\$2,000 - \$10,000\$10,001 - \$100,000			
S100,001 - \$1,000,000 Cver \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT Stook Other	NATURE OF INVESTMENT Stock Other			
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
/ / 10 / / 10	/ / 10 / / 10			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other	Stock Other			
(Describe) Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
/				
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other	Stock Other (Describe)			
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
/ / 10 / / 10	/ / 10 / / 10			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
Comments:				